

MISSOURI DEPARTMENT OF
HEALTH AND SENIOR SERVICES

FAMILY CARE SAFETY REGISTRY
ANNUAL REPORT
FISCAL YEAR 2014



FAMILY CARE SAFETY REGISTRY

Annual Report – FY 2014

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INTRODUCTION

Families are faced with difficult decisions when hiring someone to help care for a child, elderly or disabled person, whether it is locating a child care provider or finding a caregiver to provide services in their private home. The caregiver often has unsupervised access to these most vulnerable family members. The family may have limited time to form an opinion about the suitability of a caregiver and may have little or no opportunity to make inquiries into their background. Several state agencies collect information that can assist the family with making a decision. However, it can take anywhere from several days to several weeks to request and receive background screening information from separate agencies. Likewise, many employers of caregivers are required to obtain background screening information for licensure, regulatory or contracting purposes. Employers, such as child care centers and nursing homes, often have difficulty recruiting and maintaining skilled staff, and the delays they experience in obtaining background screening results affect their ability to assess the suitability of job applicants and to hire and retain staff. In response to these needs, the Family Care Safety Registry (FCSR) was created.

The Missouri Department of Health and Senior Services, in coordination with the Departments of Social Services, Public Safety, Mental Health and Corrections, established the FCSR on January 1, 2001 in accordance with the Family Care Safety Act (*§210.900 et seq.*, RSMo). The FCSR serves as a central resource for background screening information maintained by the Missouri State Highway Patrol (MSHP), Department of Social Services (DSS), Department of Mental Health (DMH) and the Department of Health and Senior Services (DHSS). Those wishing to hire a caregiver may contact the FCSR via a toll-free call center (866-422-6872) or the Internet (<http://health.mo.gov//safety/fcsr/>) to obtain background information. Information reported by the FCSR includes name-based (open) criminal records, the Missouri sex offender registry, substantiated reports of child abuse and neglect, the DHSS Employee Disqualification List, the DMH Employee Disqualification Registry, and child care license and foster parent license denials, revocations and suspensions.

The FCSR became operational January 1, 2001, and utilizes a computerized interface to streamline the process of obtaining background information from various state agencies. The FCSR maintains a toll-free call center, allowing callers to receive immediate responses to background screening inquiries, as often as needed, at no cost. The call center is available Monday through Friday, 8:00 a.m. to 3:00 p.m.



FCSR OPERATIONS

The FCSR maintains a database of caregivers who are required by law to register within fifteen days of hire. The caregiver's demographic information, including name, address, social security number and date of birth, is entered into the Internet-based FCSR Background Screening and Employment Eligibility System (FCSR-BSEES). As part of the registration process, a background screening is conducted using an electronic interface to search criminal history, the sex offender registry, the child abuse/neglect registry, the DHSS Employee Disqualification List, the DMH Employee Disqualification Registry, and child care and foster parent licensure information. The result of the background screening reflects real-time information from these electronic files. A registration notification letter provides the caregiver with initial background screening results.

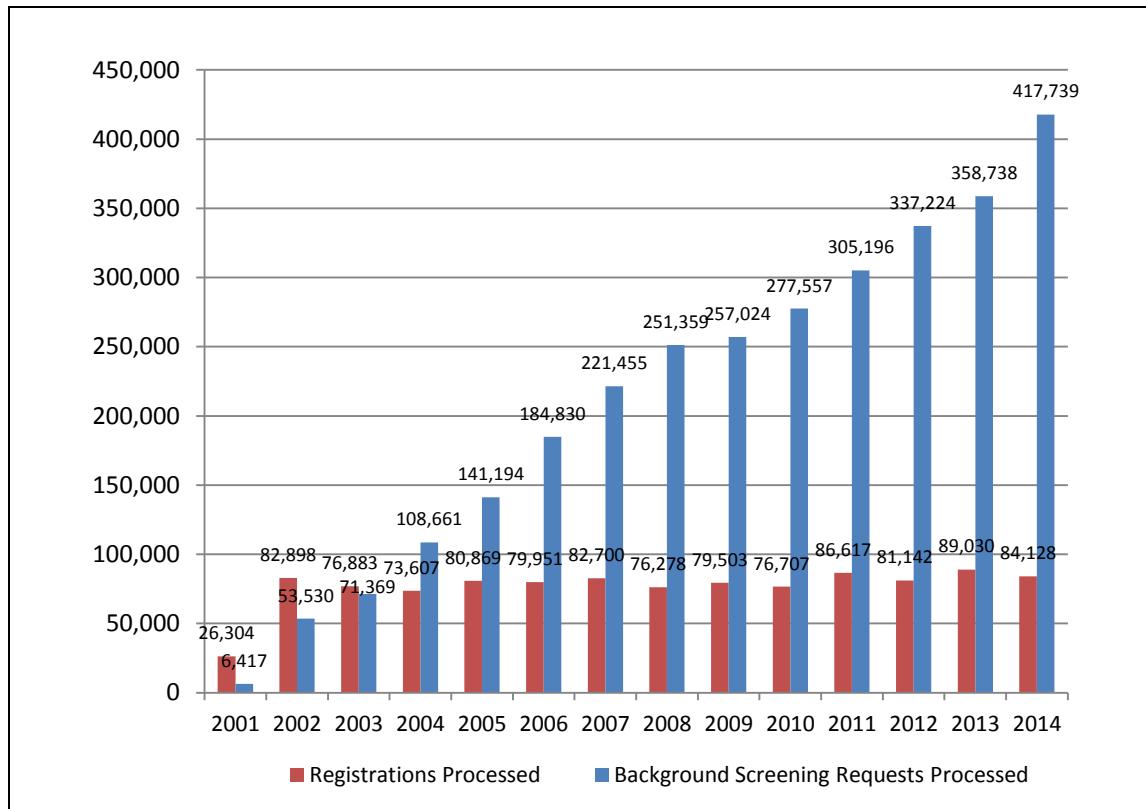
After registration is complete, employers (including individuals wishing to hire a caregiver for a family member) may contact the FCSR via the toll-free call center, the Internet, facsimile or mail, to obtain a background screening on registered caregivers, at no cost to the requester. A current background screening is obtained using the computerized interface each time a request is received. This means if information is added or deleted from the electronic files by an interfaced agency (DHSS, DMH, DSS, MSHP), the addition or deletion will be reflected in the result reported. Both the requester and the caregiver receive written notification of the background screening results provided. The caregiver's notification letter includes the name and address of the inquiring employer.

The FCSR is a request-driven system, meaning that information is provided to employers only when they contact the FCSR. The FCSR is not authorized to initiate contact with employers or regulatory agencies to alert them of a change in the background of an individual, or to enforce registration requirements.

From January 1, 2001 to June 30, 2014, the FCSR has processed 1,069,751 caregiver registrations and has conducted 2,989,012 background screenings. From FY 2013 to FY 2014, the FCSR experienced a 16.45% increase in the number of background screenings conducted. In FY 2013, the FCSR processed over 160,000 more background screenings than in FY 2009, an increase of more than 62% in five years.

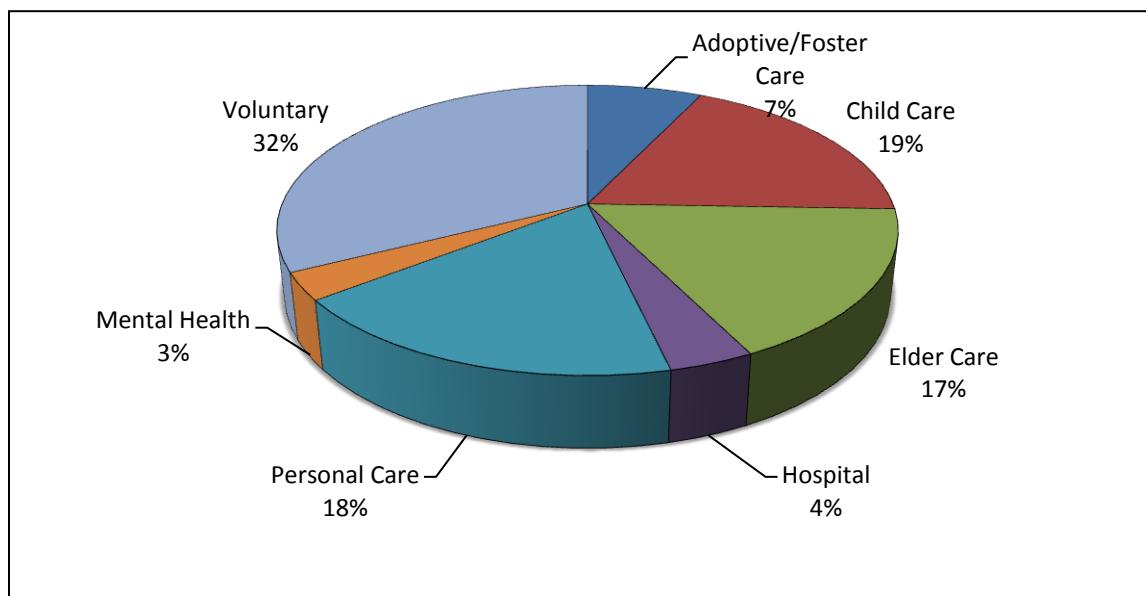
FCSR Activity – Registrations and Background Screenings

FY 2001 – FY 2014

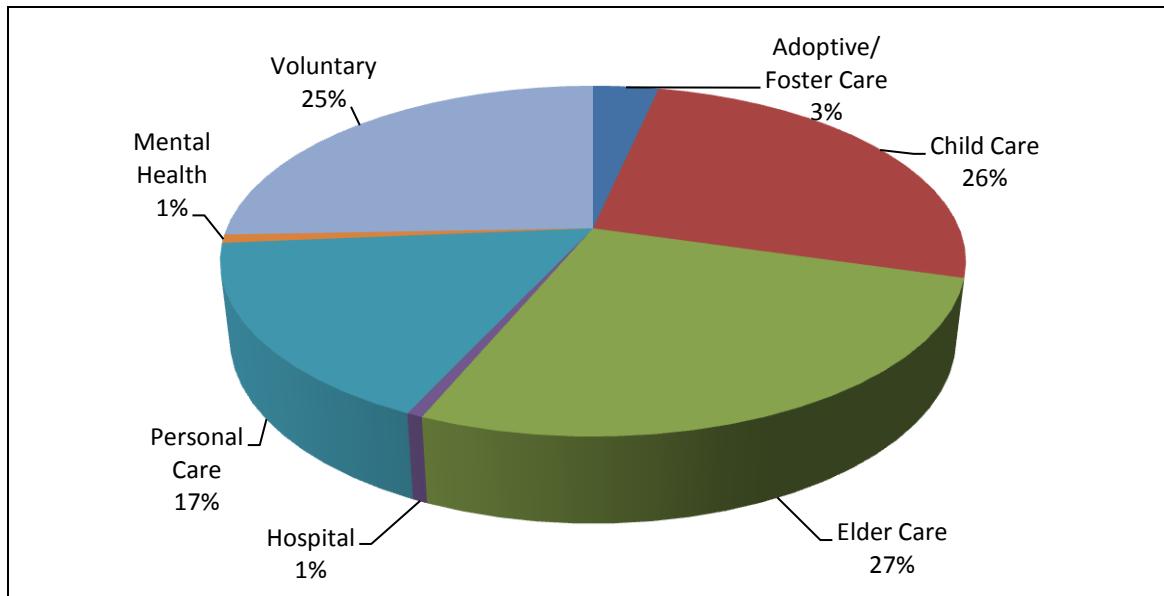


Registrations by Caregiver Occupation

FY 2014



FCSR Background Screening Requests by Caregiver Occupation
FY 2014

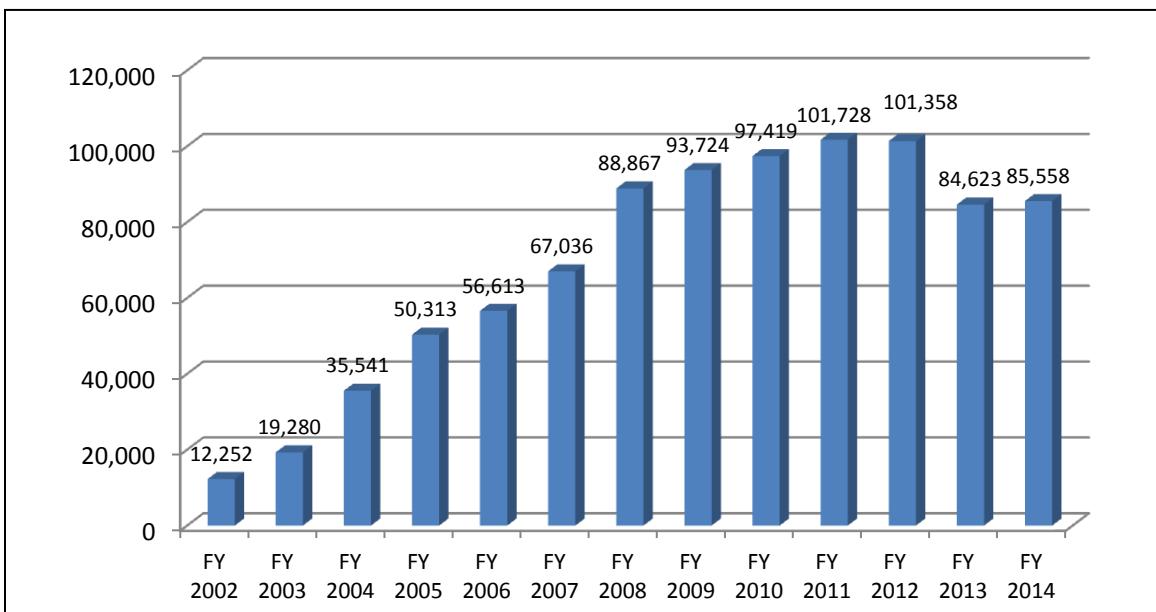


TOLL-FREE CALL CENTER

As authorized in §210.903, RSMo, the FCSR operates a toll-free call center (866-422-6872), so that employers and families may request and obtain background screening results over the telephone. The call center is staffed by 14 individuals (13 FTEs) who assist callers by providing background screening results, explaining the results and identifying other resources the caller may need. In addition to the background screening requests received by Internet, mail and facsimile, the FCSR received 85,558 calls on the toll-free access line in FY 2014. The chart below shows the number of calls to the toll-free access line since call center data became available in FY 2002.

Toll-Free Call Center Activity

FY 2002 – FY 2014

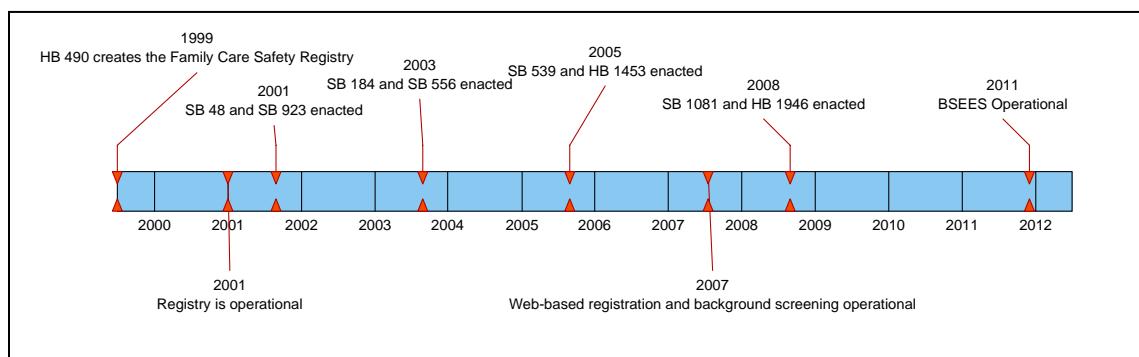


LEGISLATIVE AND OPERATIONAL ENHANCEMENTS

In FY 2008, development was completed on an Internet-based application designed to allow individuals to register online, paying with a debit or credit card. The Web Registration project was developed in collaboration with the Office of Administration—Information Technology Services Division (ITSD) and was implemented July 17, 2007. Since implementation, benefits of web registration have included improved customer service and response time, and a reduction in the need for additional FCSR staffing as the workload continues to increase. During the same year, the FCSR began receiving background screening requests via the Internet, with approximately eighty percent of such requests currently received in this manner. Web-based background screening is available to providers (employers) who are eligible to utilize the FCSR. The benefits of receiving background screening requests via the web have been similar to those of receiving registrations online.

A major new technology project has been implemented, known as the FCSR-Background Screening and Employment Eligibility System (BSEES). BSEES has made it possible to modernize the registration and background screening functions by rolling several separate web-based and obsolete mainframe systems into one comprehensive, web-based background screening system that is used by the general public for registration purposes, by employers for background screening requests, and by FCSR staff for registration, background screening, Good Cause Waiver and appeal functions. In October 2010, the Division of Regulation and Licensure was awarded a grant through the U.S. Department of Health and Human Services—Centers for Medicare and Medicaid Services (CMS), which requires enhanced automation, greater speed, a more intensive background screening process, and a more robust linkage with the MSHP—Criminal Justice Information Services Division. The grant is entitled “Nationwide Program for National and State Background Checks for Direct Patient Access Employees of Long Term Care Facilities and Providers,” and is discussed further in several of the items in the Challenges and Recommendations section of this report.

Changes in FCSR responsibilities have been made as a result of the passage of legislation. The timeline below illustrates the legislative and operational milestones affecting the FCSR since its inception.



CHALLENGES AND RECOMMENDATIONS

The FCSR continues to explore ways to improve and expand the services it provides, to better protect vulnerable children, seniors, and disabled individuals in care. At the same time, the DHSS and the FCSR collaborate with various state agencies and other stakeholders, seeking to maximize state resources and utilize modern technology, with the ultimate goal of minimizing the need for future new funding requests. The following challenge description and statutory recommendations are based on input from Department staff members, employers, providers, other state agencies and CMS.

CHALLENGE: Background screening does not reflect complete criminal history

The CMS grant requires caregivers in certain long term care settings, such as skilled nursing facilities, nursing homes, long term care hospitals and swing beds, hospices, assisted living facilities, home and community based services providers, adult day health care centers, and some residential facilities operated or regulated by the Department of Mental Health, to submit to a three-step background screening process that includes self-disclosure, FCSR (state registry) screening, and state and FBI fingerprint-based criminal history searches. The possibility exists for a person disqualified for employment in one state moving to another state and seeking similar employment, especially in a state like Missouri which is bordered by eight other states. Accordingly, many employers, licensure agencies and individual citizens believe there is an elevated risk for harm to occur to vulnerable individuals in care, if the background screening does not reflect an individual's complete criminal history. As required by the grant, the DHSS is the sole state agency responsible for coordinating the effort to create an intensified background screening and employment eligibility determination process. Changes to sections 660.317 and 210.900 to 210.936, RSMo, will be necessary to require applicants or employees working for long term care providers to submit to the three-step background screening process, to authorize the FCSR to coordinate the process and make employment eligibility determinations, and to require long term care providers/employers to ensure their employees with direct access to residents, patients, consumers or clients are in compliance with background screening requirements. This authorization will make the FCSR the centralized point for the request and release of background screening and employment eligibility information for long term care providers.

RECOMMENDATION: Enact statutory changes as listed below:

- Amend sections 210.900 to 210.936, RSMo, and add new section(s) as necessary, to authorize the DHSS, and specifically, the FCSR, to operate as the single state agency responsible for coordinating the three-step

background screening process for job applicants and employees of certain long term care providers, and to make employment eligibility determinations at the state level. Amendments must also include definitions of various terms, such as long term care provider, long term care worker, and direct access duties.

- Amend section 660.317, RSMo to require long term care employers regulated by or contracted with various state agencies, or who receive state or federal reimbursement for long term care services to ensure that direct-access employees, hired on or after the legislated effective date, submit to the three-step background screening process and are eligible for employment. Monitoring of the requirement will be incorporated into the inspection protocols currently in place in the DHSS, DMH and DSS. This section also should be amended to enumerate specific disqualifications and penalties for licensed or regulated individuals or employers, to require FCSR (state registry) screenings for all direct-access employees at least annually, and to allow for employer/provider liability protection. State and FBI fingerprint-based criminal history searches will need to be completed only at the time of initial hire, as the availability of RAP-back notices will render repeat searches unnecessary.
- Amend sections 210.903 and 210.909, RSMo, to authorize the FCSR to facilitate a check of the U.S. Department of Health and Human Services—Office of Inspector General’s Exclusion List and the Certified Nurse Assistant Registry maintained by the DHSS.
- Amend section 210.906, RSMo, to require the individual employee/applicant to submit to the three-step background screening process, including the payment of associated fees, which may or may not be reimbursed by the employer/potential employer, at the time of initial hire. Because the MSHP will have RAP-back capability in place by the time the proposed three-step process is implemented, the employee/applicant would have to pay fingerprint-based criminal history search fees only once. RAP-back allows for continuous updates of the individual’s criminal record if they re-offend, so that it is unnecessary for the individual or employer to request and pay for periodic, updated criminal background checks.
- Amend section 210.921, subsection 1, RSMo, to add “direct employer-volunteer relationships and prospective employer-volunteer relationships” to the definition of “employment purposes.”
- Amend section 208.909, subsection 4, RSMo, to change the restriction on the payment of state or federal reimbursement for the services of a personal care attendant from any finding “on any of the background check lists in the family care safety registry,” to not having undergone the background screening process pursuant to section 660.317 or having a disqualifying finding under section 660.317.